

POSITION	INITIALS	ID NO.	DATE
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FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

69665 10-23-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
+	Allowed	I	Interfered
-	Through numerals	A	Appeared
0	Restricted	O	Outdated

Claim	Date	Claim	Date	Claim	Date
101	10/23/01	101	10/23/01	101	10/23/01
102	10/23/01	102	10/23/01	102	10/23/01
103	10/23/01	103	10/23/01	103	10/23/01
104	10/23/01	104	10/23/01	104	10/23/01
105	10/23/01	105	10/23/01	105	10/23/01
106	10/23/01	106	10/23/01	106	10/23/01
107	10/23/01	107	10/23/01	107	10/23/01
108	10/23/01	108	10/23/01	108	10/23/01
109	10/23/01	109	10/23/01	109	10/23/01
110	10/23/01	110	10/23/01	110	10/23/01
111	10/23/01	111	10/23/01	111	10/23/01
112	10/23/01	112	10/23/01	112	10/23/01
113	10/23/01	113	10/23/01	113	10/23/01
114	10/23/01	114	10/23/01	114	10/23/01
115	10/23/01	115	10/23/01	115	10/23/01
116	10/23/01	116	10/23/01	116	10/23/01
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119	10/23/01	119	10/23/01	119	10/23/01
120	10/23/01	120	10/23/01	120	10/23/01
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122	10/23/01	122	10/23/01	122	10/23/01
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128	10/23/01	128	10/23/01	128	10/23/01
129	10/23/01	129	10/23/01	129	10/23/01
130	10/23/01	130	10/23/01	130	10/23/01